Appln. No.: 10/072,567 Mendment Dated July 29, 2004 બ્લેeply to Office Action of June 30, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No:

10/072,567

Applicant: Filed:

Naroun Soun (et al.)

February 8, 2002

Title:

BRAIDED MODULAR STENT WITH

HOURGLASS-SHAPED INTERFACES

TC/A.U.:

3731

Examiner: Confirmation No.: 1958

Vy Q. Bui

Docket No.:

BSI-480US

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SIR:

This is in response to the Restriction Requirement stated in the Office Letter dated June 30, 2004.

The Examiner requires that either Claims 1-29, drawn to a braided modular stent, or Claims 30-39, drawn to a method for fabricating a braided stent, be elected for prosecution. Applicants elect to prosecute Claims 1-29.

The Examiner further requires that either Species I (Fig. 2a), Species II (Fig. 3) or Species III (Fig. 4) be elected for prosecution. Therefore, Applicants also elect to prosecute Species I (Fig. 2a).

This election is made without traverse.

Respectfully submitted,

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Dated: July 29, 2004

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BSI-480US

Appln. No.: 10/072,567

Amendment Dated July 29, 2004

Reply to Office Action of June 30, 2004

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 3

	<u> </u>	
Application Number	10/072,567	
Filing Date	February 8, 2002	
First Named Inventor	Naroun Soun (et al.)	
Art Unit	3731	
Examiner Name	Vy Q. Bui	
Attorney Docket No.	BSI-480US	

ENCLOSURES (Check all that apply)					
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/Declaration(s) Extension of Time Request Express Abandonment Request	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation, Change of Correspondence Address Terminal Disclaimer	to Technology Appeal Conference Appeal Conference (Appeal Institute Institut	closure(s) (please		
Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application	Request for Refund. CD, Number of CD(s) Remarks:	identify be			
Response to Missing Parts unde 37 CFR 1.52 or 1.53	URE OF APPLICANT, ATTORNEY OR AG	ENT			
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